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AUG 27 2004

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Examiner Srilakshmi K. Kumar	S. Jared Pitts, Reg. No. 38,579
COMPANY:	DATE:
USPTO Art Unit 2675	AUGUST 27, 2004
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
703-872-9306	25
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	20864.00600
RE:	REFERENCE NUMBER:
AMENDMENT AFTER FINAL	09/176,639
NOTES/COMMENTS:	

REPLY UNDER 37 C.F.R. 1.116
EXPEDITED PROCEDURE

FORMAL COMMUNICATION
INTENDED FOR ENTRY

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PTO/SB/21 (08-03)

Approved for use through 07/31/2006, OMB 0651-0031

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TRANSMITTAL FORM

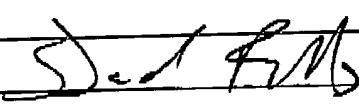
(to be used for all correspondence after initial filing)

		Application Number	09/178,639
		Filing Date	October 20, 1998
		First Named Inventor	Richard Robert Schediw
		Art Unit	2675
		Examiner Name	Srilakshmi K. Kumar
Total Number of Pages in This Submission	24	Attorney Docket Number	20864.00600

ENCLOSURES (check all that apply)

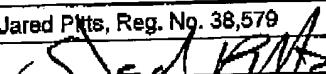
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Request for Continued Examination
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	S. Jared Pitts, Reg. No. 38,579	
Signature		
Date	27 August 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Type or printed name	S. Jared Pitts, Reg. No. 38,579	
Signature		
Date	27 August 2004	

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. SEND FEES OR COMPLETED FORMS TO: Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 878.00)

Complete if Known

Application Number	09/176,639
Filing Date	October 20, 1998
First Named Inventor	Richard Robert Schedlwy
Examiner Name	Srilakshmi K. Kumar
Art Unit	2675
Attorney Docket No.	20864.00600

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account

Deposit Account Number	50-2091
Deposit Account Name	Ingrassia Fisher & Lorenz, P.C.

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	215	Extension for reply within second month	
1253	650	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,610	Petition to Institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2603	320	Plant issue fee	
Total Claims 63	-51**= 12	x 18.00	= 108.00	Independent Claims 5	-5**= 0 x 86.00 = 0
Multiple Dependent					
Large Entity	Small Entity				
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	43	Independent claims in excess of 3	
1203	280	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (1) (\$ 108.00)

** or number previously paid, if greater. For Reissues, see above

SUBTOTAL (2) (\$ 108.00)

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 770.00)

Complete if applicable

SUBMITTED BY

Name (Print/Type)	S. Jared Pitts	Registration No. (Attorney/Agent)	38,579	Telephone	(480) 385-5060
Signature	S. Jared Pitts				

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